

---

**REQUEST FOR INFORMATION ABOUT THE DECEASED (DIR)**

---

**Return Address:**

Data Protection and Feedback Team  
East Riding of Yorkshire Council  
County Hall  
Beverley  
HU17 9BA

**Contact details:**

Email: [data.protection@eastriding.gcsx.gov.uk](mailto:data.protection@eastriding.gcsx.gov.uk)  
Telephone: 01482 391419

---

**Section I**

---

Please provide the following details about yourself:

Full Name.....

Date of Birth.....

Address.....

.....

Postcode.....

Contact Number.....

Email.....

Please indicate whether you are happy to correspond about your request via the following methods:

Post  Email

**The following documents are required as part of a valid request.** Please supply us with photocopies, as we cannot return original documents.

**Proof of your identity:** Please provide is with proof of your identity; this can be a passport, driving licence or birth certificate.

**Proof of your address:** Please provide us with proof of your address; this needs to be a bank statement or bill dated within the last three months.

**Confirmation the individual is deceased:** Please provide us with a copy of the death certificate or grant of probate.

**Proof of entitlement:** Before we are able to release records belonging to a deceased individual, we need to confirm that you are entitled to access their information. Please provide us with proof of this entitlement. For details regarding what we consider to be proof of entitlement, please see

---

**Section 2**

---

Please provide us with details of individual you are requesting information about:

Full Name.....

Any Previous Names.....

Date of Birth.....

Address.....

.....

.....

Postcode.....

---

**Proof of Entitlement**

---

The East Riding of Yorkshire Council will only release records to individual who can prove they are entitled to access the information. We consider the following examples to be proof of this entitlement:

- You are the deceased person's personal representative, also known as the executor or administrator of their estate.
- You held a Health & Welfare Lasting Power of Attorney for the deceased person when they were alive.
- You held a Financial Affairs Lasting Power of Attorney for the deceased person when they were alive. Please be aware in this instance you would only be entitled to information about the deceased intervals finances.
- You were a Personal Welfare Deputy for the deceased person when they were alive, providing your request does not go against any decision made by an attorney acting under a Lasting Power of Attorney.

Please indicate whether you acted solely or severally, or if you shared responsibility:

Solely/Severally Responsible

Jointly Responsible

**If you are jointly responsible for the estate we will also require consent from any and all individuals who hold reasonability alongside you before we can release any information. Please could you ensure all individuals you share joint responsibility with complete Appendix A.**

Please note the council judges each request on a case by case basis. In order to protect the privacy of our residents, we reserves the right to refuse a request where we do not believe there to be enough evidence to support the belief that the deceased individual would have given their consent to the release of their information were they alive.

---

**Section 3**

Please describe the information you require (be specific as possible) together with any other relevant information that will help us in finding the requested information. Please be aware the council will not be able to release information that was provided to us confidence by the deceased:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please explain the reason you are requesting this information. If this request is linked to any current or possible future legal action, please provide us with the details:

.....

.....

.....

**Section 4 – ALL APPLICANTS TO COMPLETE**

I have included the following with this form:

- Photocopy of proof of identity
- Photocopy of proof of address
- Photocopy of confirmation that the client is deceased
- Photocopy of proof of entitlement

I confirm that the information given on this form is correct and I understand that the East Riding of Yorkshire Council may need more information from me to comply with this request. I understand that the information and identification supplied will be used to locate the information requested and confirm my identity. I understand the council may need to contact me about this request.

Signed.....Date.....

Print Name.....

## Appendix A

**Consent to Release Information**

*Please ensure this consent form is completed by all those granted joint responsibility alongside you. If responsibility is shared by three or more individuals, please print additional copies of this statement.*

I ..... am named jointly responsible for the affairs  
and state of the late .....

I ..... hereby give my consent to allow the East  
Riding of Yorkshire Council to release the information held about the late .....  
..... to ..... in relation  
to this request for information.

I consent to the information being sent to their address which is:

.....  
.....  
.....

Print Name .....

Signed .....

Date .....